

08 C 862

**JUDGE KENNELLY
MAGISTRATE JUDGE BROWN**

EXHIBIT A

Part 12 of 14

Policy Number: BK01116165

Loss Payable ProvisionsChange(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|----------------------------|--|---|
| 0001 | LEASED COMPUTER HARDWARE/SOFTWARE LEASE #36&37 VALUE AT 75,000.00 & ALL EQUIPMEN T LEASED BY THE NAMED INSURED NOT TO EXC EED THE EQUIPMENT VALUE IN THE LEASE AGR EEMENT AND IN THE POLICY VALUES | CIT 4600 TOUCHTON RD EAST BUILDING 100, SUITE 300 JACKSONVILLE, FL 32246 |

- The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:
 - Adjust losses with you; and
 - Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.
- The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."
- The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable ProvisionsChange(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule**Premises****Number****Description of Property****Loss Payee (Name and Address)**

0001

HARDWARE LEASE 9010004763000 VALUE\$50,000 LOCATED 85% IN CHICAGO 15% IN ORLANDO. SOFTWARE LEASE 9010004764000 VALUE AT \$25,000 LOCATED 70% CHICAGO 30% WASHINGTON DC. ALL EQUIPMENT LEASED BY THE NAMED INSURED NOT TO EXCEED THE EQUIPMENT VALUE IN THE LEASE AGREEMENT AND IN THE POLICY VALUES

CIT TECHNOLOGY FINANCING SERVICES, INC.
PO BOX 3547
BELLEVUE, WA 98009

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|-------------------------|---|
| 0002 | SOFTWARE | COMPAQ FINANCIAL SERVICES INSURANCE ADMINISTRATOR 420 MOUNTAIN AVENUE P.O. BOX 6 MURRAY HILL, NJ 07974-0006 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable ProvisionsChange(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule**Premises**

| Number | Description of Property | Loss Payee (Name and Address) |
|---------------|--|---|
| 0002 | LEASED COMPUTER HARDWARE/SOFTWARE LEASE #36&37 VALUE AT 75,000.00 | CIT 4600 TOUCHTON RD EAST BLDG 100, SUITE 300 JACKSONVILLE, FL 32246 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.
2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."
3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|-------------------------|---|
| 0005 | SOFTWARE | COMPAQ FINANCIAL SERVICES INSURANCE ADMINISTRATOR 420 MOUNTAIN AVENUE P.O. BOX 6 MURRAY HILL, NJ 07974-0006 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable ProvisionsChange(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule**Premises**

| Number | Description of Property | Loss Payee (Name and Address) |
|---------------|--|---|
| 0005 | LEASED COMPUTER HARDWARE/SOFTWARE LEASE #36&37 VALUE AT 75,000.00 | CIT 4600 TOUCHTON RD EAST BLDG 100, SUITE 300 JACKSONVILLE, FL 32246 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|---------------------------|--|
| 0007 | LEASED COMPUTER EQUIPMENT | ARLINGTON CAPITAL BOX 7023 305 W BEAVER SUITE 400 TROY, MI 48007-7023 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

The St. Paul Business Foundation Series

Change Endorsement



United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

| Change Number: | Change(s) Effective: | Policy Number: | Policy Expiration: |
|----------------|----------------------|----------------|--------------------|
| 5 | 09/09/2002 | BK01116165 | 05/01/2003 |

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
125 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

* Additional Insured: Owners, Lessees, or Contractors Form C is Added
Form Description
CL/BF 00 45 03 95 Change Endorsement
CL/BF 20 05 04 97 Liability Coverage Part Declarations
CL/BF 22 45 09 99 Owners, Lessors Or Contractors (Form C)

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

The St. Paul Business Foundation Series



Liability Coverage Part Declarations

Your Insurance Company is:
United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

Change(s) Effective: 09/09/2002

A Stock Insurance Company

Policy Number:

BK01116165

Reason For Issuance:

Endorsement Number: 5

Limits of Liability:

| | |
|--------------|--|
| \$ 1,000,000 | Each Occurrence Limit |
| \$ 1,000,000 | Personal and Advertising Injury Limit |
| \$ 2,000,000 | General Aggregate Limit (Other than Products - Completed Operations) |
| \$ 2,000,000 | Products - Completed Operations Aggregate Limit |
| \$ 10,000 | Medical Payments Limit (Any One Person) |
| \$ 1,000,000 | Tenant Legal Liability Limit |
| \$ 0 | Retained Limit Property Damage (\$0 Unless Otherwise Indicated) |

Form Of Business:

☐ Individual ☐ Partnership ☒ Corporation ☐ Limited Liability Company ☐ Other:

Premium Schedule:

| Classification | Premises Number | Code Number | Premium Basis | Territory | Rate | Advance Premium |
|---|-----------------|-------------|---------------|-----------|------|--------------------|
| Options | | | | | | Premium |
| Additional Insureds: Owners, Lessees, Or Contractors Form C | | | | | | \$ 0.00 |
| Employee Benefits Liability (Claims - Made) | | | | | | \$ 273.00 |
| Employers Liability Stop Gap | | | | | | \$ 100.00 |
| International Liability Coverage Endorsement | | | | | | \$ 1,250.00 |
| Tenant Legal Liability | | | | | | \$ 315.00 |
| Total | | | | | | \$ 3,243.00 |

The St. Paul Business Foundation Series

Liability Coverage Part Declarations

Change(s) Effective: 09/09/2002

Premium Schedule:

Audit Period: None

Forms and Endorsements Applicable to This Coverage Part:

See attached Schedule of Forms and Endorsements CL/BF 00 35.

Policy Number: BK01116165

Owners, Lessees Or Contractors (Form C)

ADDITIONAL INSURED

Change(s) Effective: 09/09/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LIABILITY COVERAGE PART.

Schedule

Name of Person or Organization:

BREVARD COUNTY PARKS AND RECREATION ADMINISTRATION
ATTN: CATHY LIVELY
2725 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940

1. SECTION II - WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.
2. With respect to 1. above the following additional provision applies:

SECTION IV. 5. **Other Insurance** is replaced by the following:

5. Other Insurance.

The insurance afforded by this Coverage Part is primary insurance and we will not seek contribution from any valid and collectible "other insurance" available to the insured unless the

valid and collectible "other insurance" is provided by a person or organization who is not shown in the schedule. Then we will share with that valid and collectible "other insurance" by the method described below.

If all of the valid and collectible "other insurance" permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the valid and collectible "other insurance" does not permit contribution by equal shares, we will contribute by limits. Under this method, each Insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

The St. Paul Business Foundation Series

Change Endorsement

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

| Change Number: | Change(s) Effective: | Policy Number: | Policy Expiration: |
|----------------|----------------------|----------------|--------------------|
| 6 | 09/09/2002 | BK01116165 | 05/01/2003 |

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
125 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

ENDORSEMENT EFFECTIVE 05/01/02
PROPERTY UNDERWRITING AMENDED TO 'DO NOT PRINT SUSPENSION OF PROTECTIVE SYSTEMS' FOR LOCATIONS 004 AND 005.
Form Description
CL/BF 00 45 03 95 Change Endorsement

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

The St. Paul Business Foundation Series

Change Endorsement

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

| Change Number: | Change(s) Effective: | Policy Number: | Policy Expiration: |
|----------------|----------------------|----------------|--------------------|
| 7 | 09/09/2002 | BK0116165 | 05/01/2003 |

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
125 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

| Form | Description |
|------------------------|--|
| CL/BF 00 45 03 95 | Change Endorsement |
| CL/BF 10 05 09 99 | Property Coverage Part Declarations |
| Form CL/BF 13 00 09 99 | Suspension of Protective Systems Endorsement has been deleted from locations 4 & 5 effective 05/01/2002. |

Additional Premium: WAIVED

Date Issued: 05/04/2005

 Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

The St. Paul Business Foundation Series



Change Endorsement

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

| Change Number: | Change(s) Effective: | Policy Number: | Policy Expiration: |
|----------------|----------------------|----------------|--------------------|
| 8 | 01/24/2003 | BK01116165 | 05/01/2003 |

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
125 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

- * Additional Interest: Loss Payee is Added to Premises Number 1
- * Additional Interest: Loss Payee is Added to Premises Number 1
- * Additional Interest: Loss Payee is Added to Premises Number 1

Form

Description

CL/BF 0045 03 95 Change Endorsement

CL/BF 00 40 04 97 Schedule of Premises

CL/BF 10 05 09 99 Property Coverage Part Declarations

CL/BF 11 65 06 98 Loss Payable Provisions

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

The St. Paul Business Foundation

Series



Schedule Of Premises

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

Change(s) Effective: 01/24/2003

| | |
|-----------------------|-----------------------------|
| Policy Number: | Reason For Issuance: |
| BK01116165 | Endorsement Number: 8 |

Description of Premises:

| Premises Number | Location/ Occupancy | Construction |
|-----------------------|---|-------------------------|
| 0001 | 224 S MICHIGAN AVE STE #1400 CHICAGO IL 60604 | Fire Resistive |
| Customer Reference:01 | | |
| | BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered) | |
| | BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered) | |
| 0002 | 21 DUPONT CIRCLE NW WASHINGTON DC 20045 | Masonry Non-Combustible |
| Customer Reference:01 | | |
| | BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered) | |
| | BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered) | |
| 0003 | 1722 HENDRICKS AVE JACKSONVILLE FL 32207 | Masonry Non-Combustible |
| Customer Reference:01 | | |
| | BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered) | |
| | BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered) | |
| 0004 | 801 BRICKELL AVE STE #900 MIAMI FL 33131 | Fire Resistive |
| Customer Reference:01 | | |
| | BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered) | |
| | BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered) | |
| 0005 | 1030 N ORANGE STE #200 ORLANDO FL 32801 | Fire Resistive |
| Customer Reference:01 | | |
| | BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered) | |
| | BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered) | |
| 0006 | 2200 WILSON BLVD SUITE 850 ARLINGTON VA 22201 | Masonry Non-Combustible |
| Customer Reference:01 | | |

The St. Paul Business Foundation

Series

Schedule Of Premises

Change(s) Effective: 01/24/2003

| Premises Number | Location/ Occupancy | Construction |
|-----------------------|---|--------------|
| | BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered) | |
| | BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered) | |
| 0007 | 259 EAST ERIE STREET CHICAGO IL 60611 | Frame |
| Customer Reference:01 | | |
| | BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered) | |
| | BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered) | |

The St. Paul Business Foundation Series



Property Coverage Part Declarations

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

Change(s) Effective: 01/24/2003

| | |
|-----------------------|-----------------------------|
| Policy Number: | Reason For Issuance: |
| BK01116165 | Endorsement Number: 8 |

Limits of Insurance:

| | |
|--------------|-----------------------|
| \$ 25,000 | Depositor's Forgery |
| \$ 200,000 | Employee Dishonesty |
| | Name of Plans: |
| \$ 25,000 | Fine Arts |
| \$ 40,000 | Property Off Premises |
| | Money and Securities: |
| \$ 10,000 | Inside the Premises |
| \$ 5,000 | Outside the Premises |
| \$ 1,565,000 | Valuable Records |

Deductible: \$500

(The Deductible does not apply to coverage for Accounts Receivable, "Business Income," Extended Business Income, "Extra Expense," Action By Civil Authority and "Expediting Expense," Counterfeit Currency and Money Orders, and Fire Department Service Charge.)

If Building Coverage exists, Property Value Guard Automatic Increase: 4% - IL

If Business Personal Property Coverage exists, Property Value Guard Automatic Increase: 3% - IL

Business Income and Extra Expense Covered Time Period: 12 Months

| Premises Number | Building Limit of Insurance | Building Valuation | Business Personal Property Limit of Insurance | Business Personal Property Valuation |
|-----------------|-----------------------------|--------------------|---|--------------------------------------|
| 0001 | Not Covered | Not Covered | \$ 2,262,872 | Repl. Cost |

The St. Paul Business Foundation Series

Property Coverage Part Declarations

Change(s) Effective: 01/24/2003

| Premises Number | Building Limit of Insurance | Building Valuation | Business Personal Property Limit of Insurance | Business Personal Property Valuation |
|--------------------|-----------------------------------|-----------------------|---|--|
| | | | | Accounts Receivable Limit of Insurance \$ 425,000 Debris Removal Additional Limit of Insurance \$ 15,000 Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: \$ 3,000 Seasonal Automatic Increase In Business Personal Property 25% Sewer or Drain Backup \$ 25,000 Mortgagee: |
| 0002 | Not Covered | Not Covered | \$ 137,367 | Repl. Cost |
| | | | | Accounts Receivable Limit of Insurance \$ 35,000 Debris Removal Additional Limit of Insurance \$ 15,000 Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: \$ 3,000 Seasonal Automatic Increase In Business Personal Property 25% Sewer or Drain Backup \$ 25,000 Mortgagee: |
| 0003 | Not Covered | Not Covered | \$ 51,500 | Repl. Cost |
| | | | | Accounts Receivable Limit of Insurance \$ 35,000 Debris Removal Additional Limit of Insurance \$ 15,000 Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: \$ 3,000 Seasonal Automatic Increase In Business Personal Property 25% Sewer or Drain Backup \$ 25,000 Mortgagee: |
| 0004 | Not Covered | Not Covered | \$ 51,809 | Repl. Cost |

The St. Paul Business Foundation Series



Property Coverage Part Declarations

Change(s) Effective: 01/24/2003

| Premises Number | Building Limit of Insurance | Building Valuation | Business Personal Property Limit of Insurance | Business Personal Property Valuation |
|-----------------|---|--------------------|---|--------------------------------------|
| | Accounts Receivable Limit of Insurance \$ 35,000 Debris Removal Additional Limit of Insurance \$ 15,000 Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: \$ 3,000 Seasonal Automatic Increase In Business Personal Property 25% Sewer or Drain Backup \$ 25,000 Mortgagee: | | | |
| 0005 | Not Covered | Not Covered | \$ 1,068,151 | Repl. Cost |
| | Accounts Receivable Limit of Insurance \$ 200,000 Debris Removal Additional Limit of Insurance \$ 15,000 Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: \$ 3,000 Seasonal Automatic Increase In Business Personal Property 25% Sewer or Drain Backup \$ 25,000 Mortgagee: | | | |
| 0006 | Not Covered | Not Covered | \$ 128,750 | Repl. Cost |
| | Accounts Receivable Limit of Insurance \$ 35,000 Debris Removal Additional Limit of Insurance \$ 15,000 Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: \$ 3,000 Seasonal Automatic Increase In Business Personal Property 25% Sewer or Drain Backup \$ 25,000 Mortgagee: | | | |
| 0007 | Not Covered | Not Covered | \$ 5,000 | Repl. Cost |

The St. Paul Business Foundation Series

Property Coverage Part Declarations

Change(s) Effective: 01/24/2003

| Premises Number | Building Limit of Insurance | Building Valuation | Business Personal Property Limit of Insurance | Business Personal Property Valuation |
|--------------------|--|-----------------------|---|---|
| | Accounts Receivable Limit of Insurance | | | \$ 25,000 |
| | Debris Removal Additional Limit of Insurance | | | \$ 15,000 |
| | Demolition Cost and Increased Cost of Construction | | | |
| | Outdoor Trees, Shrubs, Plants and Lawns: | | | \$ 3,000 |
| | Seasonal Automatic Increase In Business Personal Property | | | 25% |
| | Sewer or Drain Backup | | | \$ 25,000 |
| | Mortgagee: | | | |

Forms and Endorsements Applicable to This Coverage Part:

See attached Schedule of Forms and Endorsements CL/BF 00 35.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|-------------------------|---|
| 0001 | CONTENTS | LASALLE NATIONAL BANK 120 S LASALLE CHICAGO, IL 60603 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|--|---|
| 0001 | CONTRACT #001-00897482-001(CANON COLOR C OPIER) | CANON FINANCIAL SERVICES, INC. 15325 SOUTHEAST 30TH PLACE STE #100 BELLVIEW, WA 98007 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

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PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|---------------------------------|--|
| 0001 | LEASE #001-07107-01 & 327929001 | GE CAPITAL COLONIAL PACIFIC LEASING PO BOX 23185 PORTLAND, OR 97281-3185 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|-------------------------|--|
| 0001 | CONTENTS | NEWCOURT TECHNOLOGIES CORP 2ND FL PO BOX 2017 BLOOMFIELD HILL, MI 48303-2017 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.
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For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."
3. The following is added to SECTION V. Definitions:

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Policy Number: BK01116165

Loss Payable Provisions

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|-------------------------|--|
| 0001 | SOFTWARE | COMPAQ FINANCIAL SERVICES INSURANCE ADMINISTRATOR 420 MOUNTAIN AVE P.O. BOX 6 MURRAY HILL, NJ 07974-0006 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.
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For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."
3. The following is added to SECTION V. Definitions:

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Policy Number: BK01116165

Loss Payable ProvisionsChange(s) Effective: 01/24/2003

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule**Premises****Number****Description of Property****Loss Payee (Name and Address)**

0001

LEASED COMPUTER HARDWARE/SOFTWARE LEASE
#36&37 VALUE AT 75,000.00 & ALL EQUIPMEN
T LEASED BY THE NAMED INSURED NOT TO EXC
EED THE EQUIPMENT VALUE IN THE LEASE AGR
EEMENT AND IN THE POLICY VALUES

CIT
4600 TOUCHTON RD EAST
BUILDING 100, SUITE 300
JACKSONVILLE, FL 32246

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

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For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

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Policy Number: BK01116165

Loss Payable ProvisionsChange(s) Effective: 01/24/2003

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule**Premises****Number****Description of Property****Loss Payee (Name and Address)**

0001

HARDWARE LEASE 9010004763000 VALUE\$50,000 LOCATED 85% IN CHICAGO 15% IN ORLANDO. SOFTWARE LEASE 9010004764000 VALUE AT \$25,000 LOCATED 70% CHICAGO 30% WASHINGTON DC. ALL EQUIPMENT LEASED BY THE NAMED INSURED NOT TO EXCEED THE EQUIPMENT VALUE IN THE LEASE AGREEMENT AND IN THE POLICY VALUES

CIT TECHNOLOGY FINANCING SERVICES, INC.
PO BOX 3547
BELLEVUE, WA 98009

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

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Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|-------------------------|---|
| 0001 | ACCOUNT # 6666716-005 | COLUMN OFFICE EQUIPMENT INC P.O. BOX 740423 ATLANTA, GA 33074 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.
2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."
3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

| Premises Number | Description of Property | Loss Payee (Name and Address) |
|--------------------|-------------------------|---|
| 0001 | COLOR COPIER | COLUMN OFFICE EQUIPMENT 919 SPRINGER DR LOMBARD, IL 60148 |

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:
 - a. Adjust losses with you; and
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